

# MYTHS **AND** FACTS

## MYTH:

People who talk about suicide aren't serious and won't go through with it.

## FACT:

People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die.

It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help.

It's important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life.

**The majority of people who feel suicidal do not actually want to die – they do not want to live the life they have.**

## MYTH:

If a person is serious about killing themselves then there's nothing you can do.

## FACT:

Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

## MYTH:

You have to be mentally ill to think about suicide.

## FACT:

1 in 5 people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die.

However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

## MYTH:

People who are suicidal want to die.

## FACT:

The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

## MYTH:

Talking about suicide is a bad idea as it may give someone the idea to try it.

## FACT:

Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it.

But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Once someone starts talking they've got a better chance of discovering options that aren't suicide.

## MYTH:

Most suicides happen in the winter months.

## FACT:

Suicide is complex, and it's not just related to the seasons and the climate being hotter or colder, and having more or less light. In general, suicide is more common in the spring, and there's a noticeable peak in risk on New Year's Day.

## MYTH:

People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.

## FACT:

People who say they want to end their lives should always be taken seriously.

It may well be that they want attention in the sense of calling out for help, and helping them get support may save their life. [www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/myths-about-suicide/](http://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/myths-about-suicide/)

“Evidence shows asking someone if they're suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life.”

*Rory O'Connor, Professor of Health Psychology, University of Glasgow*

## Protective Factors

- Looking forward to future events.
- Afraid of death, physical or mental damage inflicted if attempt fails.
- Impact on family or friends, no one to care for children and/or significant others.
- No access to the means of suicide.
- Core beliefs.
- Sense of purpose.
- Religious belief.

## Notes:

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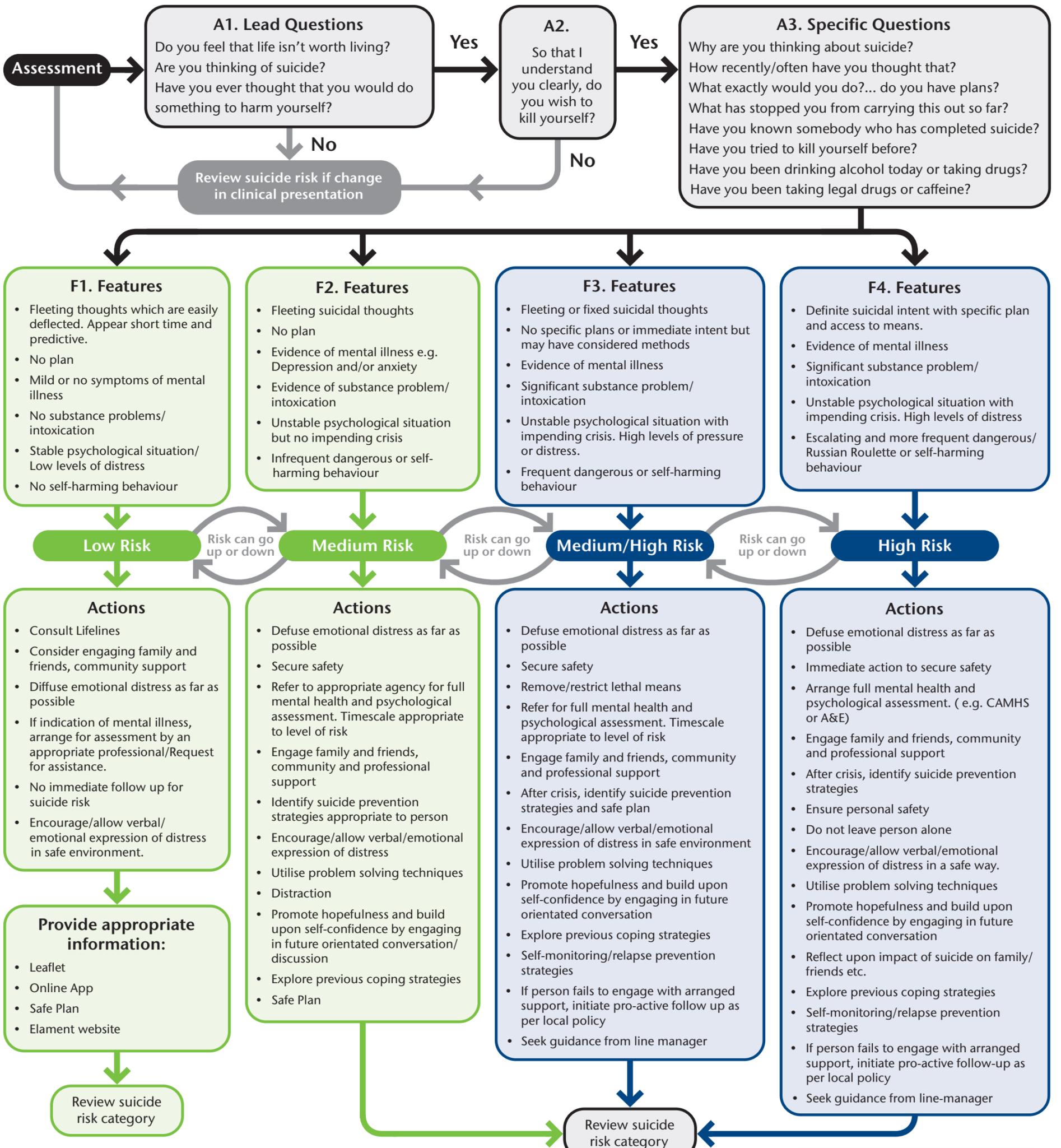
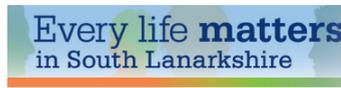
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# Suicide Assessment and Treatment Pathway

This pathway should be used in conjunction with the Supporting Guidance document



This pathway is intended as guidance only and staff should use their professional judgement when making decisions



**If not in contact with Mental Health services consider referral to:**

- General practitioner
- Accident and Emergency (Psychiatric Assessment Team)
- Community Mental Health Team/CAMHS
- Outpatients (Psychiatry)
- Addiction team

**At all levels of risk**

- Ensure compliance with Child Protection Guidance
- Record suicide risk, action taken, those involved and review risk in future if change in clinical presentation

In consultation with the person, inform GP and key support agencies regarding outcome of assessment irrespective of level of risk identified